

# EXHIBIT 10

PRINTED: 01/22/2018

FORM APPROVED

## New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  LC2163A		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  10/13/2017	
NAME OF PROVIDER OR SUPPLIER  HOME FAMILY CARE INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3051 BRIGHTON 3RD STREET BROOKLYN, NY 11235			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
H 000	Initial Comments  This Statement of Deficiencies is the result of an Article 36 re-licensure survey of Home Family Care, Inc. conducted on 10/11/17-10/13/17. The survey consisted of a review of 15 patient records including 5 discharge records, 3 patient home visits, 15 personnel records, quality improvement meeting minutes for the past 12 months, complaint log, agency's policies and procedures, Home Care Registry and interviews with the Administrator and DPS.  Additionally, the agency's Health Commerce System (HCS) profile and essential assigned roles as well as the agency's system for Criminal History Record Check (CHRC) were reviewed.  Findings were reviewed at the exit conference.  The following deficiencies are being cited as a result of the survey:  H0310 H1036 766.2(a)(4) Patient service policies and procedures  766.2 Patient service policies and procedures.  (a) The governing authority shall ensure for each health care service provided that: ..... (4) persons providing care in the home display proper and current identification, including name, title and current photograph of care provider and name of agency providing the service, to be returned to the agency upon termination of employment.		H 000				
H 310			H 310	The finding is:  - During home observation visit on 10/12/17 to Patient #1, Employee #14, a PCA, failed to display proper and current identification  According to Home Family Care Policy and Procedure In order to provide proper care all Employees of Home Family Care Inc. must receive a photo ID at the completion of orientation to the Agency. The photo ID must identify the employee by: • Name		10/24/2017	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE Electronically Signed		(X6) DATE 10/25/2017	

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H 310	Continued From page 1 This LICENSURE is not met as evidenced by:  Based on observation during a home visit and staff interviews, it was determined that the Governing Authority failed to ensure that all personnel providing care in the home display proper and current identification. This was evident for one (1) employee of four (4) observed during three (3) Home Visits (Employee #14).  Failure to ensure that all personnel providing care in the home display proper and current identification has the potential for negative patient outcomes.  The finding is:  - During home observation visit on 10/12/17 to Patient #1, Employee #14, a PCA, failed to display proper and current identification.  The finding was discussed with the Director of Patient Services and Administrator during the exit conference held on October 13, 2017. 766.9(l) Governing authority	H 310	<ul style="list-style-type: none"> <li>Title</li> <li>Current photograph</li> <li>Name of Agency</li> </ul> Photo ID badges are to be displayed while on duty. The presence of the ID must to be reviewed periodically during employment, RNs supervision/reassessment visits and bi-annually during class-in-service. Failure to Display proper and current identification while on duty will be result of first written warning and reinstruction on Photo ID Policy and Procedure. All RNs and case coordinators will be instructed to remind all aides about wearing Photo ID during their work hours. All Nurses who conducted class-in-service instructed all aides about importance to wear Photo ID during their work hours. 10/24/2017 Anna Moore Director of Patient Services		
H1036	Section 766.9 Governing authority.  The governing authority or operator, as defined in Part 700 of this Title, of a licensed home care services agency shall: ..... (l) appoint a quality improvement committee to establish and oversee standards of care. The quality improvement committee shall consist of a consumer and appropriate health professional persons. The committee shall meet at least four times a year to:  (1) review policies pertaining to the delivery of	H1036	The findings are:  The QIC Meeting minutes dated 10/06/17, 07/07/17, 04/03/17, and 01/03/17 all lacked a consumer in attendance.  According to our Policy and Procedure the Continuous Quality Improvement Committee consists of selected professionals: a Registered Nurse, a selected Consumer and other required professionals appropriate to the services provided by the agency during each quarter. The CQI Committee will meet at least (4) times per year to advise the agency on the	10/24/2017	



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H1036	<p>Continued From page 2</p> <p>the health care services provided by the agency and recommend changes in such policies to the governing authority for adoption;</p> <p>(2) conduct a clinical record review of the safety, adequacy, type and quality of services provided which includes:</p> <p>(i) random selection of records of patients currently receiving services and patients discharged from the agency within the past three months; and</p> <p>(ii) all cases with identified patient complaints as specified in subdivision (j) of this section;</p> <p>(3) prepare and submit a written summary of review findings to the governing authority for necessary action; and</p> <p>(4) assist the agency in maintaining liaison with other health care providers in the community.</p> <p>This LICENSURE is not met as evidenced by:</p> <p>Based on records review and a staff interviews, the agency failed to ensure that the Quality Improvement (QI) Committee performed the required functions. This was evident for the agency Quality Improvement meeting minutes.</p> <p>Failure to ensure that the Quality Improvement Committee performs the required functions places all patients at risk for receiving poor quality care.</p> <p>The findings are:</p> <p>The QIC Meeting minutes dated 10/06/17, 07/07/17, 04/03/17, and 01/03/17 all lacked a consumer in attendance.</p>	H1036	<p>following to ensure quality and appropriateness of patient care and service delivery.</p> <p>Attendance of all required professionals will be conduct by DPS.</p> <p>10/24/17 Anna Moore Director of Patient Services</p>		

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H1036	Continued From page 3  On 10/13/17, the DPS stated that she was not informed that this was in the regulations and it would be fixed moving forward.	H1036			